

PN 000049102

**Florida Department of State
Division of Corporations
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**REGISTERED AGENT CHANGE
AGROMILLORA FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

OCT 19 2015

C. CARROTHERS

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16 OCT 18 PM 2:37

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2016 OCT 18 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Agromillora Florida, Inc.
2. The principal office address: 9038 CR 229, Wildwood, FL 34785
3. The mailing address (if different): P.O. Box 1245, Wildwood, FL 34785
4. Date of incorporation/qualification: 08/18/2014 Document number: P14000069102
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brian D. Hudson, Esq.1028 Lake Sumter LandingThe Villages, FL 32162

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeffrey P. Skates, Esq.1028 Lake Sumter LandingP.O. Box NOT acceptableThe Villages, FL 32162

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Mireia Bordas, AVP

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

September 7, 2016

Date

If signing on behalf of an entity:

Jeffrey P. Skates, Esq.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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